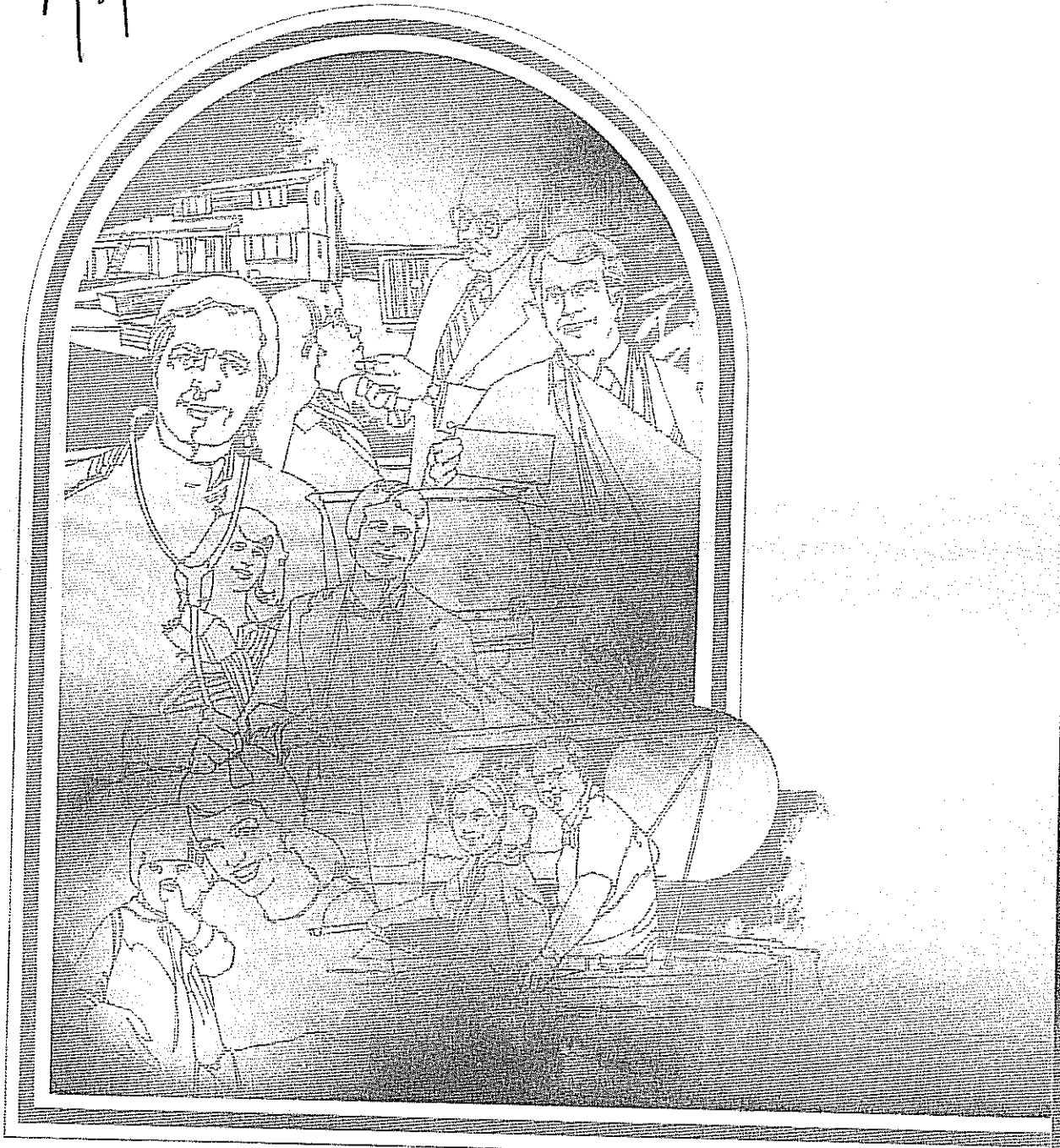


# **EXHIBIT B**

179



# YOUR GM BENEFITS

A Handbook for Salaried Employees  
in the United States

### NOTICE TO SALARIED EMPLOYEES

On July 1, 1990, the Savings-Stock Purchase Program was modified temporarily to make the GM contribution \$3.00 for each \$1.00 of your savings up to 10% of your eligible salary. Accordingly, the higher rate of GM contributions described in this booklet ceased to be applicable after June 30, 1990.

GENERAL MOTORS CORPORATION

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## As a General Motors Salaried Employee . . .

you have one of the finest and most comprehensive employee benefit packages in industry. General Motors has been and continues to be a leader in providing a broad range of benefit programs to protect employees and their families. Today's GM benefits are an important factor in making your life more enjoyable and the future for yourself and your family more secure. This booklet highlights benefits which apply to GM salaried employees working in the United States.

*This booklet presents general information only and is designed to give you a broad picture of some of the added values of working with General Motors. Any reference to the payment of benefits is conditioned upon your eligibility to receive them. Each of these programs has its own terms and conditions which in all respects control the benefits provided.*

The Savings-Stock Purchase Program and Employee Stock Ownership Plan are subject to receipt of acceptable governmental rulings.

Group insurance benefits described in this booklet generally are provided to salaried employees of General Motors actively at work on or after September 17, 1979.

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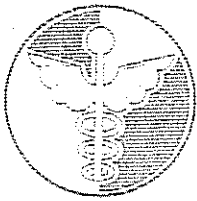
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## *If You Have Health Care Expenses*

The Insurance Program provides protection for you and your eligible dependents against a wide range of Health Care expenses while you are an active employee and after your retirement. The basic coverages are identical to those provided most hourly employees. The Comprehensive Medical Expense Insurance Program is additional coverage for salaried employees which provides major medical benefits over and above those available under the basic coverages.

Coverages for benefits shown below are provided through various carriers such as local Blue Cross and Blue Shield plans, the Metropolitan Life Insurance Company, and the Connecticut General Life Insurance Company.

Alternative coverage, providing benefits which may differ from those shown below, is offered in some areas at employee option through a health maintenance organization (HMO) or other group practice plan. Descriptive materials of benefits provided under alternative coverages are available at the insurance office at your GM employing location and from the HMO or group practice plan.

### **BASIC HEALTH CARE COVERAGES**

#### **Hospital Coverage Provides . . .**

payment of charges for:

- up to 365 days of needed care in a semi-private room in a participating hospital for general conditions, including maternity care;
- up to 45 days of needed care in a hospital for nervous and mental conditions, or in an approved residential substance abuse treatment facility;
- up to 730 days of needed care (other than custodial care) in an approved nursing home for general conditions—up to 90 days for nervous and mental conditions;
- most medical needs in a hospital or approved facility, such as supplies, drugs, dressings, anesthesia, x-ray, laboratory tests, intensive care, and routine nursery care;
- most services in the outpatient department of a hospital, such as treatment of accidental injuries and certain medical emergencies, surgery, physical therapy (up to 60 treatments per condition per year, which also may be performed in an approved facility other than a hospital), and use of an artificial kidney machine, iron lung and similar equipment;
- up to 35 outpatient treatments per year in an approved substance abuse treatment facility (limited to 140 lifetime treatments);

- medically necessary transfers by ambulance between hospitals and for transfers from hospitals to approved facilities for a CAT scan;
- services under approved home care programs, including payment for necessary skilled nursing and home health aides;
- up to \$1,000 per calendar year for outpatient psychiatric services when billed by an approved facility (see next section);
- up to \$100 per day for room, board, and all covered services in a non-participating general acute care hospital (up to \$15 per day for other than a general acute care hospital).

#### **Medical-Surgical Coverage**

##### **Provides . . .**

payment of reasonable and customary charges for:

- surgery and anesthesia, including pre- and post-operative care;
- obstetrical delivery, including pre- and post-natal care;
- in-hospital consultation and technical surgical assistance;
- in-hospital medical care by the doctor in charge of the case and doctor's medical visits at the rate of two per week for up to 730 days



in an approved nursing home for general conditions;

- radiation therapy and chemotherapy for malignant conditions;
- necessary diagnostic x-ray, laboratory and pathology services;
- laboratory testing for an annual pap smear;
- outpatient treatment of accidental injuries and certain medical emergencies;
- outpatient psychiatric services, including family counseling (subject to a copayment of 10% for the sixth through the tenth visits and a 25% copayment for all subsequent visits) and benefits of up to \$75 for psychological testing. Payment is limited to \$1,000 per calendar year in combination with expenses for outpatient psychiatric services in an approved facility.

### Prosthetic and Durable Medical Equipment Benefits

Hospital and medical-surgical coverages provide for the purchase, fitting, and repair of certain external prosthetic appliances which replace a body part or the functions of a permanently malfunctioning body part. These prosthetic appliances must be prescribed by a licensed physician and furnished and billed by a hospital or facility approved by the carrier.

Benefits also are provided for the purchase or rental of certain durable medical equipment (such as hospital beds, crutches, or wheelchairs) when prescribed by a licensed physician. This equipment must be necessary for the treatment of a medical condition and be provided and billed by a hospital, nursing home, or professional provider such as a pharmacy or medical supply house.

### Prescription Drug Benefits

Benefits are provided for the purchase of drugs which require prescription by a licensed physician under federal law. Benefits also are provided for injectable insulin and disposable syringes and needles when prescribed to inject the insulin. A \$3 copayment is applicable for each prescription order or refill.

Drug quantities are limited to a maximum of a 34-day supply per prescription, except for

certain maintenance drugs which may be dispensed in 100 or 200 unit doses. Disposable syringes and needles are limited to a 1-month supply when prescribed with a 1-month supply of insulin or, if greater, 100 syringes and needles when prescribed with a 3-month supply of insulin.

Drugs purchased from a participating pharmacy will be billed directly to the carrier. If drugs are purchased from a non-participating pharmacy, you will be required to pay the full charge. You then should file a claim with your carrier. You will be reimbursed 75% of the reasonable and customary charge, less the \$3 copayment for each prescription.

### Hearing Aid Benefits

To obtain benefits you must first be examined by an ear specialist (otologist or otolaryngologist) to determine if your hearing problem is caused by a condition which may be corrected by use of a hearing aid. **The cost of this examination is not a covered service.**

If it is determined that your hearing problem may be corrected by use of a hearing aid, benefits will be provided for the reasonable and customary charges for the following services only **when obtained from a participating provider once during any period of 36 consecutive months:**

- audiometric examination;
- hearing aid evaluation test (up to \$48, subject to change each October); and
- one hearing aid (acquisition cost and dispensing fee). However, only the particular hearing aid prescribed as a result of the hearing aid evaluation test will be covered.

Covered benefits will include an ear mold, necessary fitting and adjustment of the hearing aid, and a follow-up examination to determine the effectiveness of the hearing aid.

### Dental Coverage

Benefits will be provided up to an annual maximum of \$1,000 per person for other than orthodontics (teeth straightening) during any benefit year (October 1 through September 30), and up to a lifetime maximum of \$800 per person for orthodontics for individuals under age 19.

Metropolitan Life Insurance Company is the dental carrier for Michigan employees, retirees and eligible surviving spouses. Connecticut General Life Insurance Company is the dental carrier for employees, retirees and eligible surviving spouses from employing locations outside Michigan. Benefits are based on reasonable and customary charges of all dentists as determined by the carrier.

### Covered Dental Services

Benefits are payable at 100% of the reasonable and customary charge for:

- oral examinations and prophylaxis (cleaning of teeth), but not more than twice in any benefit year.
- topical application of fluoride for persons under age 20;
- emergency treatment for temporary relief of pain.

Benefits are payable at 90% of the reasonable and customary charge for:

- dental x-rays, including full mouth x-rays (but not more than once in any period of 36 consecutive months), and bitewing x-rays (but not more than twice in any benefit year);
- extractions and oral surgery;
- amalgam, silicate, acrylic, synthetic porcelain, and composite fillings;
- general anesthetics and intravenous sedation when medically necessary and administered in connection with oral or dental surgery;
- endodontic (nerve and pulp) and periodontal (gum) treatment;
- repair of crowns, bridgework or dentures; and relining or rebasing of dentures more than six months after installation, but not more than one relining or rebasing in any period of 36 consecutive months;
- inlays, onlays, gold fillings, or crowns, but only when the tooth cannot be restored with an amalgam or other filling.

The remaining 10% of the reasonable and customary charge is a copayment payable by you.

Benefits are payable at 50% of the reasonable and customary charge for:

- initial installation of fixed bridgework;
- initial installation of removable dentures, including any adjustments during the six month period following installation;
- replacement of an existing denture or fixed bridgework, but only when:
  - (a) the replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed; or
  - (b) the existing denture or bridgework cannot be made serviceable and, if it was installed under this coverage, at least five years have elapsed prior to the replacement; or,
  - (c) the existing denture is an immediate temporary denture which cannot be made permanent and replacement by a permanent denture takes place within 12 months from the date of initial installation of the immediate temporary denture;
- orthodontic (teeth straightening) procedures and treatment (including related oral examinations) for persons under age 19.

The remaining 50% of the reasonable and customary charge is a copayment payable by you.

### Vision Coverage

Benefits will be provided for the reasonable and customary charges (less copayment) for:

- vision examination by an ophthalmologist or optometrist once during any period of 12 consecutive months (\$5 copayment). Under certain limited conditions a benefit may be payable for a second examination within 60 days of the first examination;
- lenses once during any period of 12 consecutive months (\$7.50 copayment);
- contact lenses when vision cannot be corrected to 20/70 in the better eye except by their use or when certain irregularities in the shape of the eye require their use (\$7.50 copayment). When contact lenses are prescribed for any other reason, \$35 less the \$7.50 copayment will be the maximum



benefit. Benefits will be provided for the reasonable and customary charges (less copayment) for contact lenses following cataract surgery unless otherwise provided under medical-surgical coverage.

- frames will be provided once during any period of 24 consecutive months (\$7.50 copayment). If you obtain your frames from a participating provider and you select frames from a display the provider will show you,

there will be no expense to you other than the copayment. However, if you select frames not included in the display, or obtain your frames from a non-participating provider, up to \$15 less the \$7.50 copayment will be the maximum benefit.

The total copayment for each covered individual during any period of 12 consecutive months will not exceed \$12.50 (\$5 for a vision examination and \$7.50 for lenses and frames combined).

## COMPREHENSIVE MEDICAL EXPENSE INSURANCE PROGRAM

Comprehensive medical expense insurance coverage provides you, your eligible dependents, retirees, and eligible surviving spouses with major medical benefits. This coverage is offered through the Connecticut General Life Insurance Company. It adds to the protection you are provided by the basic coverages described earlier.

You pay part of the cost of this additional coverage, based on the schedule below. General Motors pays the major portion of the cost.

Monthly Contributions		
Coverage	Active Employee	Retiree or Surviving Spouse
Single	\$ .45	\$ 1.15
Two Party	1.10	2.25
Family	1.30	2.75

### Major Medical Benefits

Major medical benefits offer additional protection when the basic benefits described earlier have been exhausted or are not applicable.

Major medical benefits cover reasonable charges, less a deductible amount as described later, for necessary medical services and supplies, including those listed which are not generally covered by your basic coverages:

- physicians' non-surgical services out of hospital;
- up to \$25 a day toward the difference in cost between a semi-private and a private hospital room;
- professional private duty nursing care (up to \$25 a day when care is determined to be primarily custodial in nature);
- blood;
- professional ambulance service when medically necessary;
- semi-private hospital charges after the maximum duration allowed under basic coverages (generally 365 days) has been exhausted;
- semi-private nursing home charges for acute therapeutic care after the maximum duration allowed under basic coverages (generally 730 days) has been exhausted;
- dental work and dentures made necessary by an accident (to the extent not covered under the dental plan);
- inoculations;
- physical examinations (limited to one a year for persons over age 6) including laboratory tests;
- chiropractic services (up to 20 visits within the initial 3 months of treatment);
- voluntary sterilizations;

- copayments made under basic coverage for prescription drugs;
- up to \$150 a day, less amounts payable by basic coverages, for confinement in a hospital operated primarily for care of nervous or mental conditions;
- up to \$25 a day for custodial care in an approved facility, or for custodial care rendered at home by a professional private duty nurse,

### Deductible Amount

You pay a deductible amount of \$50 toward covered expenses which are incurred each calendar year for the same individual. This \$50 is called the individual deductible amount. In meeting this amount, you can add up all of your covered expenses for the same individual, whether they relate to one condition or to a number of different conditions.

However, if covered expenses incurred by two or more family members equal \$100 (the family deductible amount), no additional deductible amount will be applied against expenses incurred by any of your other family members for that calendar year. No more than \$50 of covered expenses for one family member can be applied toward the \$100 family deductible amount.

Any covered expenses incurred in October, November or December of any calendar year

which are applied to the deductible amount for that year and therefore are not reimbursable may be applied to the deductible amount for the following calendar year.

### After You Pay the Deductible Amount, Your Insurance Pays 80% . . .

of the next \$2,500 of covered expenses incurred during one calendar year and 100% of covered expenses which exceed \$2,500. Covered expenses for outpatient psychiatric care continue to be payable at 80%, however.

### Calendar Year Benefit Limitations

Covered expenses for outpatient psychiatric care include only those charges for services rendered after all basic benefits have been exhausted. Reimbursement is limited to \$4,000 per year for non-psychotic conditions.

Covered expenses for outpatient allergy testing and treatment are limited to benefits of \$2,000 per year.

The maximum reimbursement amount is \$50,000 per calendar year for each individual. There is no lifetime maximum.

## GENERAL INFORMATION ABOUT YOUR HEALTH CARE COVERAGES

### Effect of Medicare

If you or one of your dependents is enrolled for Medicare, the GM basic Health Care and major medical benefits will be reduced by benefits payable for the same services under Medicare. It is important for both you and your spouse to enroll for Medicare when first eligible. In the event of your death, your surviving spouse will not be eligible for Corporation contributions for any GM Health Care coverages if he or she is eligible but not enrolled for Medicare Part B at or after age 65.

You become eligible for Medicare at age 65, whether or not you choose to continue working. However, if you continue working after age 65, Social Security will not notify you of your eligibility to enroll for Medicare. It is your responsibility to contact the local Social Security Office to apply for Medicare if you continue to work after age 65. It is suggested this contact be made three months prior to attaining age 65. This will allow sufficient time to process your application so you will not miss your initial opportunity for

enrollment. If you do not enroll for Medicare when first eligible, there is a 10% penalty in the monthly amount of the Medicare Part B premium cost to you for each year you delay enrolling.

## Coordination of Benefits

A coordination of benefits provision is included in all Health Care coverages under the GM Insurance Program. As a result, benefits payable under this Program, when combined with any other group plan benefits, are limited to the total allowable expenses incurred by the patient during any claim determination period. The purpose of this provision is to avoid duplicate payment of benefits in the event an individual is covered by more than one employer plan.

## Sponsored Dependents

Your sponsored dependents (generally aged parents) may have the same Health Care coverages as you have except that dental, vision and major medical coverages are not available to sponsored dependents. You pay the full cost for sponsored dependent coverages.

## Exclusions and Limitations

Certain services and charges with respect to Health Care coverages are excluded or limited. A complete description of exclusions and limitations applicable to each benefit provided under the GM Health Care coverages may be found in the appropriate benefit certificates and any riders thereto or similar documents provided by the carriers.

## How to Claim Benefits

### Basic Hospital, Medical-Surgical, and Prescription Drug Claims

If your carrier is a Blue Cross or Blue Shield plan, just show your identification card when you go to the hospital, residential or outpatient treatment facility, physician, or other provider of covered services. No deposit should be required for covered services in Blue Cross

participating hospitals or approved facilities. The hospital or facility is paid directly by Blue Cross. Blue Shield generally pays physicians directly. In any situation where a provider of a service is not paid directly by Blue Cross-Blue Shield, you should submit the charges to your local Blue Cross-Blue Shield plan office.

If your carrier is Metropolitan Life Insurance Company, obtain a claim form from the insurance office at your GM location or Metropolitan Life. Complete the upper portion of the form and have the hospital, residential or outpatient treatment facility, physician, or other provider of covered services complete the lower portion. Either you or the provider can submit the completed form to Metropolitan Life. Payment will be made directly to the provider unless you have paid all or part of the charges for service. In that case, Metropolitan Life will pay you. In the case of hospital coverage provided by Metropolitan Life, payment will be made to you, unless you authorize Metropolitan Life to pay the facility directly.

## Hearing Aid Claims

Participating providers generally will have the necessary claim forms and will be paid directly by the carrier. Benefits are payable only if you obtain hearing aid services from a participating provider. Ask the provider if he or she is participating BEFORE you receive services. If you need the name of a participating provider, inquire at your GM employing location, the Blue Shield plan in which you are enrolled, or Metropolitan Life, as may be applicable.

## Dental Claims

Dental claim forms and instructions are available to dentists in areas where General Motors has employees. In addition, claim forms are available at the insurance office at your GM location and from the carrier for your area.

If a course of treatment is expected to involve dental expenses amounting to \$200 or more, your dentist should file with the carrier a description of the procedures to be performed and

an estimate of the charges prior to the commencement of treatment.

The carrier will notify the dentist of estimated benefits payable with consideration given to alternate procedures that may be performed in order to accomplish the desired results.

You should discuss with your dentist the treatment plan, the fee, and the estimated dollar amount of benefits BEFORE treatment begins.

### Vision Claims

Metropolitan Life Insurance Company is the vision coverage carrier for all employees. A claim form may be obtained from the insurance office at your GM location or from a participating provider. Complete your portion of the form and have the remaining portion completed by the provider. The completed form should be sent to Metropolitan Life. Benefits will be paid directly to the provider to the extent that you have not paid all or part of the charges for services. In that case, Metropolitan Life will pay you.

### Comprehensive Medical Expense Insurance Program Claims

You should file a claim when your out-of-pocket expenses exceed the \$50 deductible amount for an individual or \$100 for your family. However, if your covered expenses are small, you may find it more convenient to postpone filing until the end of the calendar year. In any event, claims should be filed no later than 90 days following the end of the calendar year in which expenses were incurred.

When you are ready to file a claim, you should obtain the necessary forms from your insurance office. There are things you should do routinely before you reach the point when you know you will have a claim to file:

- keep all bills and receipts for medical services incurred by you or your insured dependents;
- keep bills and receipts properly identified, separated by individuals and in chronological order;
- see that bills or receipts are itemized and include patient's name, description of service

or medical supply, date of service or purchase, and charges incurred;

- keep basic coverage vouchers, and if applicable, Medicare Explanation of Benefit vouchers, with appropriate bills or receipts;
- be sure drug receipts include prescription number, name of patient, date of purchase and amount of charge;
- be sure that receipts for medical supplies, equipment, private duty nursing, physical therapy, or other services not performed by a physician are supported by certification of the attending physician that such supplies, equipment or services are medically necessary.

It is your responsibility to accumulate your bills, receipts, and other supporting documents for a claim. By planning ahead, you can help yourself to obtain all the benefits to which you are entitled with a minimum of time and effort.

If you are in doubt as to whether you should file a claim, you are urged to submit a claim and allow the carrier to determine benefits which might be payable.

### Subrogation

In the event that any payment of benefits is made by a Health Care carrier under the GM Insurance Program for services which are legally determined to be payable by a third party, such carrier shall acquire all of the employee's or dependent's rights of recovery as a result of a settlement or judgment brought against any person or organization, except against insurers on policies issued in the name of the employee or dependent.

### Certificates

The foregoing is intended only as an outline of your GM Health Care coverages. Actual governing provisions and specific exclusions are contained in the applicable benefit certificates and any riders thereto or similar documents provided by the carriers. Certificates will be made available to you upon request from the insurance office at your GM location or from your local Blue Cross or Blue Shield plan, Metropolitan Life, or Connecticut General, as may be applicable.

## EXPLANATION OF CERTAIN TERMS APPLICABLE TO HEALTH CARE COVERAGES

### Carrier . . .

any entity through which benefits are paid or coverage is underwritten, such as a Blue Cross plan or a commercial insurance company.

### Approved Facility or Treatment Program . . .

a facility or a treatment program that has met criteria established by the local carrier to provide certain services covered by the GM Insurance Program. The following are examples of facilities or treatment programs which must be approved in order for benefits to be paid:

- hospitals
- nursing homes
- outpatient psychiatric care facilities
- substance abuse treatment facilities
- outlets for prosthetic appliances
- free-standing physical therapy facilities
- home care programs

If you are not sure as to the approved status of a facility or treatment program, you may seek advice from the insurance office at your GM location or request information from your local carrier.

### Copayment . . .

a part of the charge for services which you must pay. Most health care expenses are paid in full by the appropriate carrier. However, you must pay part of the charge or a "copayment" for certain services such as outpatient psychiatric care, prescription drugs, dental care and vision care.

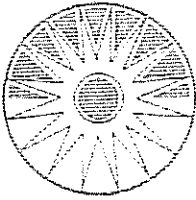
### Participating Provider . . .

a person (such as a doctor) or a facility (such as a hospital) that provides health care services. Providers are considered to be "participating" when they have signed an agreement with the carrier to accept as payment in full whatever the carrier determines to be an appropriate charge for services rendered.

You may be uncertain about the participating status, or whether there is any need for participation by any health care provider in your local plan area. If in doubt, contact your local carrier or the insurance office at your GM location.

### Reasonable and Customary Charge . . .

an amount determined by the carrier — it is the usual amount charged by providers for a specific service in a geographic area.



## *When You Retire*

### YOUR GM RETIREMENT PROGRAM IS MADE UP OF TWO PARTS

#### Part A . . .

is non-contributory. General Motors pays the entire cost. Benefits provided under Part A of the Program are comparable to those provided under the Hourly Pension Plan. This assures salaried employees that they will receive monthly retirement benefits at least equal to those provided to hourly employees. Part A provides monthly benefits for all employees who have 10 or more years of credited service and retire under the Program, or leave General Motors before age 70. There is no 10 year minimum credited service requirement if you retire at age 70. Part A consists of:

- basic benefits,
- temporary benefits; and
- supplements.

#### Part B . . .

is contributory. To receive full Part B benefits, you must contribute at all times while eligible and leave your contributions in the Program until retirement. Part B provides you with an opportunity to build up substantial additional monthly benefits, consisting of:

- supplementary benefits, which are based on your years of credited service, your average monthly base salary over the highest 60 months during the 120 months immediately preceding retirement, or age 65 if earlier; and
- primary benefits, which are based on the amount you contribute.

While you must contribute to participate in Part B of the Program, General Motors pays the entire cost of supplementary benefits, and most of the cost of primary benefits.

### YOU ARE ELIGIBLE TO PARTICIPATE . . .

in Part A automatically when you become a GM salaried employee.

You are eligible to contribute under Part B when you have:

- attained age 25, and
- have 6 months of continuous service.

Your Part B contribution is 2% of monthly base salary in excess of \$1,000. When you elect to participate in Part B, your contribution is deducted from your salary each month.

### YOU ARE ELIGIBLE TO RETIRE . . .

under normal retirement provisions when you attain age 65. Retirement is automatic at age 70.

You may retire at any age if you have 30 or more years of credited service.

If you have 10 or more years of credited service, you may retire:

- as early as age 55, or
- at any age in case of total and permanent disability.



## CREDITED SERVICE

Your credited service is used in determining your Part A benefits and any Part B supplementary benefit.

### Before October 1, 1950 . . .

your credited service includes all periods of employment with General Motors and certain periods of absence as explained in the Program.

### After October 1, 1950 . . .

your credited service includes all periods of employment for which you are paid.

If you are on an approved military leave or on a disability leave and receive workers compensation, you may receive credited service for such absence.

If you were on layoff at any time during 1951 through 1967, upon application you may receive credited service for all or part of such absence. The amount of credited service you will receive will depend on your years of credited service as of December 31, 1967, December 31, 1973, or October 1, 1979, as may be applicable.

Commencing with the calendar year 1968, you are eligible for credited service for each calendar month of disability leave or layoff in a year during which you receive pay for periods totaling at least one month. After 1970, up to eleven months may be credited for a disability leave or layoff which continues into the following year.

If you were on a special leave of absence because of pregnancy between October 1, 1950

and before January 1, 1968, upon application you may receive four months credited service for each such absence.

After age 65, credited service will accrue only until you acquire 10 years of credited service.

## Foundry/Asbestos Service

An employee with credited service on or after October 1, 1979 who at retirement has more than 10 years of credited service accrued in certain salaried positions in foundry or asbestos operations at designated GM locations will receive additional credited service.

## Annual Statement

Each year you will be given a statement showing your total credited service and contributions up to the end of the preceding calendar year.

If you have any question concerning the correctness of your statement, contact your personnel department.

## Loss of Credited Service

You will lose all credited service under the Retirement Program if you quit, are discharged, or are separated for any other reason. However, if you are reemployed by General Motors, your credited service may be reinstated upon proper application. If you have prior credited service which has not been reinstated, you should make application for its reinstatement. Application forms are available at the personnel department.

## ALTERNATIVE "SERVICE" TO DETERMINE VESTED BENEFIT

If you lose credited service before age 70 and have less than 10 years of credited service but have 10 years of "service" as determined below, you would be eligible for a vested Part A basic benefit. For example, if you have only 8 years of credited service but have 10 years of "service", the 10 years' "service" would provide you a vested Part A basic benefit. The monthly amount of the benefit would be based on 8 years of credited service, however.

You first become eligible to be covered for the "service" provision when you attain age 25, or complete 1 year of "service", whichever is later. You get 1 year of "service" when you complete 750 hours of "service" in a 12 consecutive month period, beginning with your employment date. You complete an hour of "service" for each hour for which you are paid by General Motors for working or for having been entitled to work. No "service" is granted for any period of

employment prior to age 22, or for any year in which you are paid by General Motors for working fewer than 750 hours.

A 1-year break in "service" will occur if you do not complete 375 hours of "service" in any 12 consecutive month period. Hours paid for

vacation and sickness or disability, which are not worked, may be counted to prevent a break in "service". You will lose your years of "service" if the number of consecutive 1-year breaks equals or exceeds the years of "service" before such break.

## RETIREMENT AT AGE 62 OR LATER

If you retire at or after age 62, you may receive the following benefits:

### Part A Basic Benefit

Your monthly Part A basic benefit is determined by your basic benefit rate times your years of credited service.

Your basic benefit rate depends on your benefit class code (which is based on the maximum monthly base salary rate for your salaried position) and your retirement date, as follows:

Benefit Class Code	Retirement Date and Monthly Basic Benefit Rate Per Year of Credited Service								
	10-1-79 through 1-1-80	2-1-80 through 7-1-80	8-1-80 through 9-1-80	10-1-80 through 1-1-81	2-1-81 through 7-1-81	8-1-81 through 9-1-81	10-1-81 through 1-1-82	2-1-82 through 7-1-82	8-1-82 and after
A	\$ 15.75	\$ 15.95	\$ 16.20	\$ 16.55	\$ 16.85	\$ 17.15	\$ 17.55	\$ 17.85	\$ 18.20
B	\$ 16.00	\$ 16.20	\$ 16.45	\$ 16.80	\$ 17.10	\$ 17.40	\$ 17.80	\$ 18.10	\$ 18.45
C	\$ 16.25	\$ 16.45	\$ 16.70	\$ 17.05	\$ 17.35	\$ 17.65	\$ 18.05	\$ 18.35	\$ 18.70
D	\$ 16.50	\$ 16.70	\$ 16.95	\$ 17.30	\$ 17.60	\$ 17.90	\$ 18.30	\$ 18.60	\$ 18.95

Most salaried employees have the "D" benefit class code. For example, if you retire October 1, 1981, at age 65 with a basic benefit rate of \$18.30 and have 30 years of credited service, your monthly Part A basic benefit will be \$549.00 ( $\$18.30 \times 30 = \$549.00$ ).

### After-Retirement Increases In Part A Basic Benefit

Your monthly Part A basic benefit rate will be increased periodically after your retirement. The dates and amounts of these increases are shown in the following table.

Date and Amount of Increase in Monthly Basic Benefit Rate Per Year of Credited Service							
2-1-80	8-1-80	10-1-80	2-1-81	8-1-81	10-1-81	2-1-82	8-1-82
\$ 0.20	\$ 0.25	\$ 0.25	\$ 0.30	\$ 0.30	\$ 0.30	\$ 0.30	\$ 0.35

### Special Benefit

In addition, at age 65, or earlier if you are enrolled for Part B of Medicare under Social Security, you will receive a monthly special benefit as described on pages 17 and 18.

### Part B Primary Benefit

Your Part B primary benefit will be based on your contributions in the Program. This monthly benefit will equal 5% of your contributions made before July 1, 1977, plus 6 1/4% of your contributions made between July 1, 1977, and October 1, 1979, plus 8 1/3% of your contributions made thereafter.

For example, if you retire October 1, 1981, and you had contributed \$8,800 before July 1, 1977, \$900 between July 1, 1977, and October 1, 1979, and \$700 through September 30, 1981, your monthly Part B primary benefit would be:

$$\begin{aligned} \$8,800 \times 5\% &= \$440.00 \\ \$900 \times 6\frac{1}{4}\% &= 58.25 \\ \$700 \times 8\frac{1}{3}\% &= 58.31 \\ \text{Monthly Part B} & \\ \text{Primary Benefit} & \underline{\$554.56} \end{aligned}$$

No Part B contributions will be permitted under the Program after the first day of the month coinciding with or next following your 65th birthday.

### Part B Supplementary Benefit

You also may receive a monthly Part B supplementary benefit. This benefit will equal 1% of the amount by which your average monthly base salary exceeds the applicable amount shown in the following table, multiplied by your years of credited service. Average monthly base salary is calculated over the highest 60 months during the 120 months preceding the earlier of age 65 or date of retirement.

Retirement Date	Applicable Amount
10-1-79 through 1-1-80	\$1,650
2-1-80 through 7-1-80	1,670
8-1-80 through 9-1-80	1,695
10-1-80 through 1-1-81	1,730
2-1-81 through 7-1-81	1,760
8-1-81 through 9-1-81	1,790
10-1-81 through 1-1-82	1,830
2-1-82 through 7-1-82	1,860
8-1-82 and after	1,895

For example, if you retire October 1, 1981, at age 65 with an average monthly base salary of \$2,100 and have 30 years of credited service, your monthly Part B supplementary benefit would be \$81.00.

$$\begin{aligned} 60 \text{ Month Average Base Salary} & \dots \$2,100.00 \\ \text{Less Applicable Amount} & \dots 1,830.00 \\ & \underline{\$270.00} \end{aligned}$$

$$\begin{aligned} \text{Times Part B Supplementary} & \\ \text{Benefit Rate} & \dots 1\% \\ & \underline{\$2.70} \end{aligned}$$

$$\begin{aligned} \text{Times Years of Credited Service} & \dots 30 \\ \text{Equals Monthly Part B} & \\ \text{Supplementary Benefit} & \dots \underline{\$81.00} \end{aligned}$$

Summarizing the examples shown for an employee retiring October 1, 1981, at age 65 with 30 years of credited service, the total monthly benefits at retirement would be:

Part A Basic Benefit	\$649.00
Part B Primary Benefit	554.56
Part B Supplementary Benefit	81.00
Special Benefit	9.70
Total Monthly Benefit	<u>\$1,194.26</u>

## RETIREMENT PRIOR TO AGE 62 WITH UNREDUCED BENEFITS

Your benefits will not be reduced if you have 10 or more years of credited service and you retire prior to age 62 under one of the following types of retirement:

- Mutually Satisfactory Retirement—as early as age 60. Retirement must be agreeable to you and General Motors.
- Special Early Retirement—as early as age 55 and prior to age 60. Retirement must be

initiated by General Motors and must be agreeable to you.

- Corporation Option Retirement—as early as age 55. If retirement is before age 60, it is subject to certain conditions and approval by the applicable Corporation Committee.
- Disability Retirement—at any age. Retirement can commence after you are disabled for at least 5 months.

## Part A Basic Benefit

For any of the preceding types of retirement, your monthly Part A basic benefit, as shown on page 13, will be determined as if you had retired at age 62, but based on your credited service at the time you retire.

## Part A Temporary Benefit

In addition, you may receive a monthly Part A temporary benefit until you reach age 62, or if earlier, until you become eligible for Social Security disability insurance benefits.

The amount of your monthly temporary benefit will be based on your years of credited service, up to 25, and your retirement date, as follows:

Retirement Date	Monthly Temporary Benefit	
	Per Year of Credited Service	Maximum
	\$	\$
10-1-79 through 9-1-80	13.00	325.00
10-1-80 through 9-1-81	14.00	350.00
10-1-81 and after	15.00	375.00

If you retire because of total and permanent disability, the temporary benefit will be paid only if you submit evidence that you are not eligible for Social Security disability insurance benefits.

## Part A Supplements

You also may receive a monthly Part A early retirement supplement. This supplement is reduced by any monthly Part B supplementary benefit payable to you. This supplement is described on page 16.

## Special Benefit

In addition, at age 65, or earlier if you are enrolled for Part B of Medicare under Social Security, you will receive a monthly special benefit as described on pages 17 and 18.

## Part B Primary Benefit

If you have contributions in the Program, you also will receive a monthly Part B primary benefit, determined as if you had retired at age 62, but based upon the actual amount of contributions you made. An example of this benefit is shown on page 14.

## Part B Supplementary Benefit

Any monthly Part B supplementary benefit will be based on your average monthly base salary over the highest 60 months during the 120 months immediately preceding retirement and credited service at the time you retire. An example of this benefit is shown on page 14.

## RETIREMENT PRIOR TO AGE 62 WITH REDUCED BENEFITS

You may retire voluntarily with reduced benefits:

- at any age if you have 30 or more years of credited service, or
- as early as age 55 and prior to age 62 if you have 10 or more years of credited service.

## Part A Basic Benefit

Your monthly Part A basic benefit as shown on page 13 will be determined as if you had retired at age 62, but based on your credited service at the time you retire. This benefit then will be

reduced based on your age at retirement if you elect to have it commence before you attain age 62. However, if you have 30 or more years of credited service or your years of age and credited service total 85 or more, such reduction will apply only until you attain age 62.

## Part A Supplements

You also may receive a monthly Part A "early retirement", or an "interim" supplement. These supplements are reduced by any monthly Part B supplementary benefit payable to you. Part A supplements are described on pages 16 and 17.

## Special Benefit

In addition, at age 65 or earlier if you are enrolled for Part B of Medicare under Social Security, you will receive a monthly special benefit as described on pages 17 and 18.

## Part B Benefits

Any monthly Part B primary and supplementary benefits, as described on page 14, will be determined just as for other types of retirement. Monthly Part B benefits will be reduced permanently, however, if you elect to have them commence prior to age 62.

### Important Note

If you retire voluntarily as early as age 55 and prior to age 60, and your combined years of age and credited service total less than 85, other GM benefit programs as well as your benefits under the Retirement Program will be affected. For example:

- You will forfeit unearned GM contributions under the Savings-Stock Purchase Program.
- You must pay the full cost of any insurance coverages you may wish to continue, and
- Your retirement benefits will be further reduced.

## PART A SUPPLEMENTS FOR RETIREMENT WITH 30 OR MORE YEARS OF SERVICE

### An "Early Retirement Supplement"...

may be payable to you each month if you retire before age 62 with 30 or more years of credited service. This supplement is an amount which, when added to the sum of all other Part A and any Part B supplementary benefits payable to you, prior to reduction for any survivor option, will raise the total of these benefits, payable prior to your attaining age 62, to the amount shown in the following table:

Retirement Date and Total Monthly Benefit Amount for Determining Early Retirement Supplement Prior to Age 62								
10-1-79 through 1-1-80	2-1-80 through 7-1-80	8-1-80 through 9-1-80	10-1-80 through 1-1-81	2-1-81 through 7-1-81	8-1-81 through 9-1-81	10-1-81 through 1-1-82	2-1-82 through 7-1-82	8-1-82 and after
\$ 800	\$ 810	\$ 825	\$ 845	\$ 860	\$ 875	\$ 895	\$ 915	\$ 935

## After Retirement Increases in Total Monthly Benefit Amount

Your total monthly benefit amount will be increased periodically after your retirement. The dates and amounts of these increases are shown in the following table:

Retirement Date	Date and Amount of Increase in Total Monthly Benefit Amount							
	2-1-80	8-1-80	10-1-80	2-1-81	8-1-81	10-1-81	2-1-82	8-1-82
10-1-79/9-1-80	\$ 10	\$ 15	\$ 15	\$ 15	\$ 15	\$ 15	\$ 15	\$ 15
10-1-80/9-1-81	—	—	—	15	15	15	15	20
10-1-81 and after	—	—	—	—	—	—	20	20

## PART A SUPPLEMENTS FOR RETIREMENT WITH LESS THAN 30 YEARS OF SERVICE

### An "Interim" Supplement...

may be payable to you each month until you attain age 62 if you retire *voluntarily* before age 62 with less than 30 years of credited service. If you retire as early as age 55 and prior to 60, your age plus credited service must total 85 or more to be eligible for this supplement. The table to the right shows the amount of this supplement, which is based on your age at retirement. The amount of this supplement is reduced by the amount of any monthly Part B supplementary benefit payable to you prior to reduction for any survivor option.

Age at Retirement	Monthly Amount of "Interim" Supplement Per Year of Credited Service		
	10-1-79	10-1-80	10-1-81
55	\$ 4.75	\$ 5.00	\$ 5.25
56	5.75	6.00	6.25
57	7.00	7.25	7.50
58	8.25	8.50	8.75
59	9.00	9.50	10.00
60	10.50	11.00	11.50
61	10.50	11.00	11.50

Note: Amounts are prorated for intermediate ages.

## PART A SUPPLEMENTS—LIMITATIONS

- Supplements are not payable to you if you retire *voluntarily* as early as age 55 and prior to age 60 and the sum of your age and years of credited service is less than 85, or if you are discharged.
- If your total monthly Part A and Part B supplementary benefits at retirement prior to age 62 would be more than 70% of your final monthly base salary plus cost of living allowance, any supplement will be reduced by the amount over 70%.
- If you retire voluntarily and become eligible for a Social Security disability insurance benefit, your supplement will be reduced by the

temporary benefit in effect at the time of your Social Security disability insurance benefit award.

- If, after retirement, you earn more in a calendar year than the following amounts, any supplement payable prior to age 62 will be reduced by \$2 for each \$1 of your excess earnings:

Calendar Year	Annual Earnings Limitation Amount
1980	\$ 4,500
1981	5,000
1982	5,500

## WORKERS COMPENSATION OFFSET

Workers compensation benefits paid to retired employees will be deducted from GM retirement benefits otherwise payable, unless such workers

compensation payments are paid under a claim filed not later than two years after the employee lost credited service.

## SPECIAL BENEFIT

Each retired employee and surviving spouse who is age 65 or older and receiving a GM monthly Part A retirement benefit or a retirement survivor benefit will receive an additional monthly benefit amount, provided under the Insurance Program, but included in the monthly retirement check, as follows:

10-1-79 through 9-1-80	10-1-80 through 9-1-81	10-1-81 and after
\$ 8.70	\$ 9.20	\$ 9.70



This benefit also is payable upon application to a retiree or surviving spouse receiving GM monthly Part A retirement benefits who is under age 65 and enrolled in Part B of Medicare. It is not payable to former employees receiving

deferred vested retirement benefits or to the surviving spouses of such former employees. Not more than one such special benefit is payable to any individual for any one month.

## SURVIVOR BENEFITS

In the event of your death, either before or after you retire, monthly benefits may be provided for the lifetime of your survivor.

optional pre-retirement surviving spouse benefit available at no cost to you if you contribute under Part B of the Program.

Refer to pages 38, 39 and 40 for an explanation of these important benefits, including the

## SOCIAL SECURITY BENEFITS . . .

are in addition to your GM retirement benefits. You and General Motors contribute equally to the cost of Social Security benefits. Your share of the cost is deducted from your pay. Social Security old age benefits may begin as early as age 62 in a permanently reduced amount. Benefits are payable in full if they begin at or after age 65.

Social Security disability insurance benefits may begin at any age.

Your spouse's Social Security benefit at age 65 will be equal to one-half of your unreduced

Social Security benefit, unless your spouse is eligible for a higher benefit based on his or her own earnings. Your spouse may receive a permanently reduced benefit as early as age 62, or age 60 if a widow or a widower.

The following table may help you estimate your monthly Social Security benefit. The table is based on the Social Security provisions in effect on January 1, 1980.

If You Retire At Age	ESTIMATED MONTHLY SOCIAL SECURITY OLD AGE BENEFITS FOR RETIREMENT IN 1980					
	And Social Security Commences When You and Your Spouse Are					
	Age 65			Age 62		
	Retiree	Spouse	Total	Retiree	Spouse	Total
65	\$ 570	\$ 285	\$ 855	\$ —	\$ —	\$ —
62	503	251	754	402	189	591
60	491	245	736	393	184	577
55	460	230	690	388	172	560

NOTE: Amounts are rounded to nearest dollar. In all instances, you and your spouse are assumed to be the same age. You and your spouse may receive lower benefits from Social Security than those shown above if you earned less than the maximum amount subject to Social Security taxes. These amounts are based on assumptions which were reasonable at the time estimates were made. Because Social Security benefits actually payable reflect individual and national average earnings as well as fluctuations in the consumer price index, you may wish to obtain an estimate based on your personal earnings history from your local Social Security office before retiring.